A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED EDUCATIONAL PROGRAMME ON ATTITUDE REGARDING CARE AND MANAGEMENT OF SELECTED HEALTH PROBLEMS OF ELDERLY WOMEN (50 YEARS AND ABOVE) AMONG CARE GIVERS

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ABSTRACT

The common health problem's affecting to the elderly women like Hypertension, osteoporosis, Cataract, Depression, Stroke, diabetes mellitus, dementia, Alzheimer and stress. In this study aim to assess the effectiveness of structured educational programme on attitude regarding care and management of selected health problems of elderly women among care givers in selected villages of Punjab.

This study was Quantitative research approach is adopted The research design selected for the present study Quasi experimental study to assess the effectiveness of Structured educational programme on attitude regarding care and management of selected health problems of elderly women among care givers in selected villages of Punjab. The sample of the present study comprised of 200 experimental and 200 control group. Convenient sampling technique was used to select the sample for the study. The tools in the present study were socio demographic profile data and Likert scale to assess attitude. Conceptual model of this study relies on Modified Conceptual Model based on Ludwig Von Bertalanffy General System Theory 1968. Statistical Analysis Comparing of findings of experimental and control group using descriptive and inferential statistics.

The mean post-test scores of attitude (106.74) were significantly high in comparison to mean pre-test scores of attitude (62.51) in experimental group. It reflects that it was significant difference. The mean post-test scores of attitude (60.690) were significantly high in comparison to mean pre-test scores of attitude (61.34) in control group. It reflects that it was no significant difference.

It is concluded that structured educational programme relating to care and management of selected health problems of elderly women was effective as a teaching strategy that helped the care givers to improve their attitude.

***KEY WORDS**: Attitude, Structured educational programme, Care givers, Care and management of selected health problems of elderly women.*

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INTRODUCTION

Ageing is a universal phenomenon old age is not in itself a disease but is a normal part of the human life span. Ageing is normal, universal, progressive, irreversible process. It is an inevitable physiological phenomenon. Aging population is a global issue. One concern is the shortage of beds making it necessary to provide more complex care to the elderly with chronic health conditions while they are living at home. At the same time, an aging population also reduces the availability of family care givers. The most common chronic conditions affecting elderly women are cardio vascular diseases, osteoporosis, dementia and depression. Although most of the elderly women with chronic conditions are able to meet their own needs and only 25% of them may require a special type of care. When the elderly lose their health and independence, they lose control over their own destiny and are at the mercy of others for care.

Most of the care of dependent older people in the community is carried out by families in the home of older person. Old age is certainly accompanied by problems for a significant number of elderly people and care of elderly people is largely concerned with assessing these problems and their compensating for them or participating in the process of helping the elderly person to overcome them and regain a degree of independence.

The World Health Organization (WHO) considers people aged over 60 as older people and assumes three sub-periods such as young-old (60-74 years old), old (75-90 years old), and oldest (> 90 years old). There will be two billion older adults in the world by 2050, with 80 percent of them living in developing countries.

Dementia is common psychiatric morbidity among the elderly. It is estimated that in 2020, 42.3 million people were living with dementia, which is going to increase to 81.1 million in 2040. Hypertension is one of the commonest diseases among the people above 50 years of age. It is mostly called as the “silent killer” as most of the clients does not know the symptoms of the onset. Osteoporosis is the disease characterized by low bone mass and micro-architectural deterioration of bone tissue leading to enhanced bone fragility and a consequent increase at fracture risk.

The loss of vision among elderly is a major health care problem. Blindness is considered as short of relatively loss of life. Reducing eye disease by the age of 60 years, vision impairment is associated with a decreased ability to perform activities of daily living and increased risk for depression. Cataract occurs when the clear lens of the eye becomes cloudy, leading to gradual loss of vision which can ultimately lead to blindness. Diabetes mellitus is a group of metabolic disorders in which a person develops high blood sugar, either due to inadequate insulin production or insensitivity of the cells to insulin. Depression is a major mental health problem. About 322 million people affected with depression worldwide. In India, elderly persons (60 years and above) constitute 8.6% of the total population, which is projected to reach 19% by 2050. Stroke is a heterogeneous, neurological syndrome characterized by gradual or rapid, no convulsive onset of neurological deficits that fit a known vascular territory and that last for 24 hours or more.

Caregivers also need to learn to monitor patients for new signs and symptoms, adverse events, and positive responses to treatment. Community health nurse are play crucial role in providing knowledge to care giver about good patient care and promoting self-care management.

OBJECTIVES

1. To assess pre intervention attitude regarding care and management of selected health problems of elderly among care givers of experimental and control group in selected villages of Punjab.
2. To assess post interventional attitude regarding care and management of selected health problems of elderly among care givers of experimental and control group in selected villages of Punjab.

MATERIALS AND METHODS

A quasi-experimental research design under nonrandomized control group design which include experimental group and control group was used to conduct the study. In this study sample were care givers. The sample size was 400 including 200 experimental and 200 control group and convenient sampling technique was used to select the sample for the study.

TOOLS

Tools consist of two sections:

Section A: Socio demographic profile data sheet

Socio Demographic Profile: Socio demographic variables under the study are- Age (in years), Gender, Marital status, Religion, Educational status, Type of family, Relationship with elderly women, Duration of care giving, Source of information.

Section B: Likert scale

It consists 30 Likert scale to assess the effectiveness of structured educational programme on attitude regarding care and management of selected health problems of elderly (50 years and above) among care givers in selected villages of Punjab**.**

RESULTS

Table .1 Pre-test and post-test level of attitude of experimental and control group. N=400

Level of attitude	Level of score	Experimental group (n=200)		Control group (n=200)	
		Pre-test	Post-test	Pre-test	Post-test
Adequate attitude	**(111-150)**	3(1.5%)	70(35%)	0(0%)	0(0%)
Moderate attitude	**(71-110)**	47(23.5%)	130(65%)	21(10.5%)	35(17.5%)
Inadequate attitude	**(30-70)**	150(75%)	0(0%)	179(89.5%)	165(82.5%)

Table shows that 200 care givers in experimental group, 3(1.5%) had adequate attitude score followed by 47(23.5%) had moderate attitude score followed by 150(75%) had inadequate attitude score in pre test attitude score and after the administration of structured educational programme, shows that 200 care givers, 70(35%) had adequate attitude score followed by 130(65%) had moderate attitude score followed by 0(0%) had inadequate attitude score in post test attitude score. It reveals that after 7 days of administration of structured teaching educational had significantly improved the attitude score in experimental group. On the other hand, shows that 200 care givers in control group, 0(0%) had adequate attitude score followed by 21(10.5%) had moderate attitude score followed by 179(89.5%) had inadequate attitude score in pre test attitude score and without administration of structured educational programme, shows that 200 care giver, 0(0%) had adequate attitude score followed by 35(17.5%) had moderate attitude score followed by 165(82.5%) had inadequate attitude score in post test attitude score. It reveals that after 7 days of without administration of structured educational programme had not significantly improved the attitude score in control group.

CONCLUSION

It is concluded that structured educational programme relating to care and management of selected health problems of elderly women was effective as a teaching strategy that helped the care givers to improve their attitude.

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